

2-D PRODUCT DRAWINGS, DOCUMENTS & ASSOCIATED LISTS

ASME Y14.100 TAILORING CHECKLIST – SHEET 1

| | |
|---|-------------------------------------|
| A. Drawing Media (Choose all that apply) | |
| (1) Non-digital () | <input type="checkbox"/> |
| (2) Digital Data (2D CAD, Adobe PDF, etc., IAW DI-SESS-81000C) | <input checked="" type="checkbox"/> |
| (3) Other (If hardcopy is all that is available, then scan in hardcopy into PDF format) | <input type="checkbox"/> |
| B. Drawing Format (Choose One) | |
| (1) Contractor | <input type="checkbox"/> |
| (2) Government (forms supplied by the Government) | <input type="checkbox"/> |
| (3) Government (forms supplied by the Contractor) | <input checked="" type="checkbox"/> |
| C. Drawing Sheet Size and Format (Choose One) | |
| (1) ASME Y14.1 | <input checked="" type="checkbox"/> |
| (2) ASME Y14.1M | <input type="checkbox"/> |
| D. Application Data (Choose all that apply) | |
| (1) Contractor option | <input type="checkbox"/> |
| (2) Required | <input checked="" type="checkbox"/> |
| (a) On drawing | <input checked="" type="checkbox"/> |
| (b) By reference (Specify) | <input type="checkbox"/> |
| (c) Contractor option | <input type="checkbox"/> |
| (3) General use or multi-use notations | <input checked="" type="checkbox"/> |
| (a) allowed | <input type="checkbox"/> |
| (b) not allowed | <input checked="" type="checkbox"/> |
| E. Drawing Detail (ASME Y14.24) (Choose all that apply) | |
| (1) Monodetail | <input checked="" type="checkbox"/> |
| (2) Multidetail | <input checked="" type="checkbox"/> |
| (3) Tabulated | <input checked="" type="checkbox"/> |
| F. Dimensioning and Tolerancing (Choose all that apply) | |
| (1) Metric | <input type="checkbox"/> |
| (2) Decimal-inch | <input checked="" type="checkbox"/> |
| (3) Application of ASME Y14.5M | <input type="checkbox"/> |
| (a) Specific issue (revision) required (Specify issue) | <input type="checkbox"/> |
| (b) Issue in effect (ASME Y14.5M-1994) | <input checked="" type="checkbox"/> |
| G. Drawing Notes (Choose One) | |
| (1) On drawing | <input checked="" type="checkbox"/> |
| (2) By reference (Specify) | <input type="checkbox"/> |
| (3) Contractors option | <input type="checkbox"/> |
| H. Types of Drawings (ASME Y14.24) (both, as needed) | |
| (1) Contractor selects (as needed) | <input type="checkbox"/> |
| (2) Government selects (as needed) | <input checked="" type="checkbox"/> |

ASME Y14.100 TAILORING CHECKLIST – SHEET 2

| | |
|--|-------------------------------------|
| I. Maintenance of Multi-Sheet Drawings (ASME Y14.35M) (Choose all that apply) | |
| (1) Drawing revision level (DOD preferred) | <input checked="" type="checkbox"/> |
| (2) All sheets same revision level | <input type="checkbox"/> |
| (3) Sheet revision level | <input type="checkbox"/> |
| J. Redrawn Drawings (redrawing without change) (ASME Y14.35M) (Choose one) | |
| (1) Advance revision level | <input checked="" type="checkbox"/> |
| (2) Revision level is not advanced | <input type="checkbox"/> |
| K. Maintenance of Revision History (Choose all that apply) | |
| (1) Contractor option | <input type="checkbox"/> |
| (2) Optional methods | |
| (a) Remove one or more revision record as required | <input checked="" type="checkbox"/> |
| (b) Remove all previous revision history | <input type="checkbox"/> |
| (c) Remove all revision history but retain line entry for revision authorization and date of revision | <input type="checkbox"/> |
| (d) Remove all except revision preceding current | <input type="checkbox"/> |
| (e) Maintain revision history in its entirety | <input type="checkbox"/> |
| L. Adding Sheets (ASME Y14.35M) (Choose all that apply) | |
| (1) Contractor option | <input type="checkbox"/> |
| (2) Optional methods | |
| (a) Renumber sheets using consecutive whole numbers | <input checked="" type="checkbox"/> |
| (b) Number added sheets in decimal-number sequence | <input type="checkbox"/> |
| (c) Number added sheets in alpha-numeric sequence | <input type="checkbox"/> |
| M. Deleting Sheets (ASME Y14.35M) (Choose all that apply) | |
| (1) Contractor option | <input type="checkbox"/> |
| (2) Optional methods | |
| (a) Renumber all affected remaining sheets | <input checked="" type="checkbox"/> |
| (b) Affected remaining sheets not renumbered (revision status of sheets block is updated with notations such as CANC or DEL) | <input type="checkbox"/> |
| N. Markings on Engineering Drawings (Choose one) | |
| (1) Special items and processes apply | |
| (a) Applicable symbols (ASME Y14.100-2004, Table E-1 and Section 7, Table 1) | <input checked="" type="checkbox"/> |
| (b) Applicable special notes (ASME Y14.100-2004, Appendix E, Paragraphs E-4 through E-7) | <input checked="" type="checkbox"/> |
| (2) Special items and processes do not apply | <input type="checkbox"/> |
| O. Associated Lists (ASME Y14.34M) (Choose all that apply) | |
| (1) Non-digital () | <input type="checkbox"/> |
| (2) Digital Data (2D CAD, Adobe PDF, Word, etc. IAW DI-SESS-81000C) | <input checked="" type="checkbox"/> |
| (3) Other (If hardcopy is all that is available, then scan in hardcopy into Acrobat® PDF format) | <input type="checkbox"/> |

ASME Y14.100 TAILORING CHECKLIST – SHEET 3**P. Types of Associated Lists (ASME Y14.34M) (Choose all that apply)**

- | | |
|---|-------------------------------------|
| (1) Parts Lists | <input checked="" type="checkbox"/> |
| (a) Integral | <input checked="" type="checkbox"/> |
| (b) Separate | <input checked="" type="checkbox"/> |
| (c) Contractors option | <input type="checkbox"/> |
| (2) Application List (on drawing) | <input checked="" type="checkbox"/> |
| (3) Data Lists | <input type="checkbox"/> |
| (4) Index Lists | <input type="checkbox"/> |
| (5) Indentured Data List | <input checked="" type="checkbox"/> |
| (6) Wire List (when assemblies require interconnection) | <input checked="" type="checkbox"/> |
| (7) Other (Specify) | <input type="checkbox"/> |

Q. Angle of Projection (ASME Y14.3M) (Choose one)

- | | |
|---------------|-------------------------------------|
| (1) 3rd Angle | <input checked="" type="checkbox"/> |
| (2) 1st Angle | <input type="checkbox"/> |

R. Language (Choose one)

- | | |
|----------------------------|-------------------------------------|
| (1) English required | <input checked="" type="checkbox"/> |
| (2) Other (Specify) | <input type="checkbox"/> |

S. Applicability of Appendices

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|------------------------|-------------------------------------|
| (1) Appendix B | |
| (a) as detailed herein | <input checked="" type="checkbox"/> |
| (b) as modified | <input type="checkbox"/> |
| (2) Appendix C | |
| (a) as detailed herein | <input checked="" type="checkbox"/> |
| (b) as modified | <input type="checkbox"/> |
| (3) Appendix D | |
| (a) as detailed herein | <input checked="" type="checkbox"/> |
| (b) as modified | <input type="checkbox"/> |
| (4) Appendix E | |
| (a) as detailed herein | <input checked="" type="checkbox"/> |
| (b) as modified | <input type="checkbox"/> |